

Plan Name: _____ Plan # : _____ Date: 23-Jul-02
 County: Fresno Plan Type: Commercial Plan
 Aid Code Grouping: Family

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation

	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$66.25	\$23.82	\$1,100.37	\$20.37	\$229.41	\$8.79	
2. Units per Eligible/year	5.957	3.361	0.304	2.609	0.009	6.410	
Cost per Elig. per Mo.	\$32.89	\$6.67	\$27.88	\$4.43	\$0.17	\$4.70	\$76.74
3. Adjustments							
a. Age/Sex	0.928	0.950	0.905	0.932	1.000	0.961	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.975	0.992	0.968	0.956	0.995	0.868	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$27.23	\$6.29	\$24.42	\$3.95	\$0.17	\$3.92	\$65.98
4. Legislative Adjustments	1.221	0.869	1.029	1.433	1.436	1.079	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.040	1.000	1.000	1.000	
b. Units per Eligible	1.000	1.180	1.066	1.000	1.000	1.148	
Projected Cost per Eligible	\$33.25	\$8.14	\$27.86	\$5.66	\$0.24	\$4.86	\$80.01
6. CHDP							4.88
7. Adjustment to Pool						12.1%	9.68
Capitation Rate							\$94.57

Plan Name:
 County: Fresno
 Aid Code Grouping: Aged

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$16.06	\$38.28	\$311.22	\$11.67	\$177.26	\$6.49	
2. Units per Eligible/year	11.563	16.963	0.819	3.904	1.049	42.784	
Cost per Elig. per Mo.	\$15.48	\$54.11	\$21.24	\$3.80	\$15.50	\$23.14	\$133.27
3. Adjustments							
a. Age/Sex	1.030	0.977	0.983	1.050	0.791	0.967	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.981	0.996	0.997	0.986	0.997	0.781	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$14.31	\$52.65	\$20.82	\$3.93	\$12.22	\$17.48	\$121.41
4. Legislative Adjustments	0.984	0.879	0.969	1.423	1.433	0.963	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.194	1.000	1.000	1.000	
b. Units per Eligible	1.073	1.180	0.929	1.066	0.929	1.148	
Projected Cost per Eligible	\$15.11	\$68.92	\$22.38	\$5.96	\$16.27	\$19.32	\$147.96
6. CHDP							0.00
7. Adjustment to Pool						12.1%	17.90
Capitation Rate							\$165.86

Plan Name:
 County: Fresno
 Aid Code Grouping: Adult

Plan #: _____ Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation

	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$164.23	\$19.84	\$1,067.52	\$19.73	\$0.00	\$30.86	
2. Units per Eligible/year	22.157	4.314	4.387	17.657	0.000	8.468	
Cost per Elig. per Mo.	\$303.24	\$7.13	\$390.27	\$29.03	\$0.00	\$21.78	\$751.45
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.999	0.999	0.999	0.989	1.000	0.887	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$277.19	\$7.12	\$389.88	\$28.71	\$0.00	\$19.32	\$722.22
4. Legislative Adjustments	1.060	0.872	1.016	1.432	1.242	1.045	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.040	1.000	1.000	1.000	
b. Units per Eligible	1.000	1.180	1.066	1.000	1.000	1.148	
Projected Cost per Eligible	\$293.82	\$9.25	\$439.15	\$41.11	\$0.00	\$23.18	\$806.51
6. CHDP							0.00
7. Adjustment to Pool						12.1%	97.59
Capitation Rate							\$904.10

Plan Name:
 County: Kern
 Aid Code Grouping: Aged

Plan # :
 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$16.06	\$38.28	\$242.22	\$11.67	\$177.26	\$6.49	
2. Units per Eligible/year	11.563	16.963	0.819	3.904	1.049	42.784	
Cost per Elig. per Mo.	\$15.48	\$54.11	\$16.53	\$3.80	\$15.50	\$23.14	\$128.56
3. Adjustments							
a. Age/Sex	1.005	1.006	1.021	0.999	1.020	1.007	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.981	0.996	0.997	0.986	0.997	0.781	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$13.96	\$54.22	\$16.83	\$3.74	\$15.76	\$18.20	\$122.71
4. Legislative Adjustments	0.984	0.879	0.969	1.423	1.433	0.963	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.194	1.000	1.000	1.000	
b. Units per Eligible	1.073	1.180	0.929	1.066	0.929	1.148	
Projected Cost per Eligible	\$14.74	\$70.97	\$18.09	\$5.67	\$20.98	\$20.12	\$150.57
6. CHDP							0.00
7. Adjustment to Pool						12.1%	18.22
Capitation Rate							\$168.79

Plan Name:
 County: Kern
 Aid Code Grouping: Child

Plan # :
 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$58.40	\$17.50	\$1,127.72	\$18.79	\$140.26	\$6.45	
2. Units per Eligible/year	5.196	3.068	0.436	2.787	0.019	10.564	
Cost per Elig. per Mo.	\$25.29	\$4.47	\$40.97	\$4.36	\$0.22	\$5.68	\$80.99
3. Adjustments							
a. Age/Sex	1.033	1.046	0.978	1.040	1.000	0.992	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.974	0.984	0.952	0.973	0.996	0.882	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$23.28	\$4.60	\$38.15	\$4.41	\$0.22	\$4.97	\$75.63
4. Legislative Adjustments	1.116	0.875	1.035	1.427	1.424	1.082	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.040	1.000	1.000	1.000	
b. Units per Eligible	1.000	1.180	1.066	1.000	1.000	1.148	
Projected Cost per Eligible	\$25.98	\$5.99	\$43.77	\$6.29	\$0.31	\$6.17	\$88.51
6. CHDP							4.08
7. Adjustment to Pool						12.1%	10.71
Capitation Rate							\$103.30

Plan Name:
 County: San Joaquin
 Aid Code Grouping: Family

Plan # :
 Plan Type: Commercial Plan
 Date: 23-Jul-02

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$66.25	\$23.82	\$886.76	\$20.37	\$229.41	\$8.79	
2. Units per Eligible/year	5.957	3.361	0.304	2.609	0.009	6.410	
Cost per Elig. per Mo.	\$32.89	\$6.67	\$22.46	\$4.43	\$0.17	\$4.70	\$71.32
3. Adjustments							
a. Age/Sex	0.956	0.928	0.947	0.956	1.000	0.963	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.975	0.992	0.968	0.956	0.995	0.868	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$28.05	\$6.14	\$20.59	\$4.05	\$0.17	\$3.93	\$62.93
4. Legislative Adjustments	1.221	0.869	1.029	1.433	1.436	1.079	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.040	1.000	1.000	1.000	
b. Units per Eligible	1.000	1.180	1.066	1.000	1.000	1.148	
Projected Cost per Eligible	\$34.25	\$7.95	\$23.49	\$5.80	\$0.24	\$4.87	\$76.60
6. CHDP							4.88
7. Adjustment to Pool						12.1%	9.27
Capitation Rate							\$90.75

Plan Name:
 County: San Joaquin
 Aid Code Grouping: Disabled

Plan # :
 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$20.15	\$50.42	\$498.70	\$18.26	\$184.85	\$7.07	
2. Units per Eligible/year	13.720	21.892	1.011	6.029	0.452	63.930	
Cost per Elig. per Mo.	\$23.04	\$91.98	\$42.02	\$9.17	\$6.96	\$37.67	\$210.84
3. Adjustments							
a. Age/Sex	0.947	0.835	0.897	1.067	0.959	1.072	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.900	0.875	0.920	0.973	0.995	0.877	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$17.97	\$67.20	\$34.68	\$9.52	\$6.64	\$35.42	\$171.43
4. Legislative Adjustments	1.099	0.888	0.965	1.425	1.442	0.987	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.194	1.000	1.000	1.000	
b. Units per Eligible	1.073	1.180	0.863	0.929	1.000	1.148	
Projected Cost per Eligible	\$21.19	\$88.86	\$34.48	\$12.60	\$9.57	\$40.13	\$206.83
6. CHDP							0.00
7. Adjustment to Pool						12.1%	25.03
Capitation Rate							\$231.86

Plan Name: Commercial Plan Plan #: 359 Date: 23-Jul-02
 County: Stanislaus Plan Type: Commercial Plan
 Aid Code Grouping: Family

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$66.25	\$23.82	\$882.79	\$20.37	\$229.41	\$8.79	
2. Units per Eligible/year	5.957	3.361	0.304	2.609	0.009	6.410	
Cost per Elig. per Mo.	\$32.89	\$6.67	\$22.36	\$4.43	\$0.17	\$4.70	\$71.22
3. Adjustments							
a. Age/Sex	0.936	0.959	0.893	0.929	1.000	0.976	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.975	0.992	0.968	0.956	0.995	0.868	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$27.46	\$6.35	\$19.33	\$3.93	\$0.17	\$3.98	\$61.22
4. Legislative Adjustments	1.221	0.869	1.029	1.433	1.436	1.079	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.040	1.000	1.000	1.000	
b. Units per Eligible	1.000	1.180	1.066	1.000	1.000	1.148	
Projected Cost per Eligible	\$33.53	\$8.22	\$22.05	\$5.63	\$0.24	\$4.93	\$74.60
6. CHDP							4.88
7. Adjustment to Pool						12.1%	9.03
Capitation Rate							\$88.51

Plan Name: Commercial Plan
 County: Stanislaus
 Aid Code Grouping: Aged

Plan #: 359 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$16.06	\$38.28	\$294.88	\$11.67	\$177.26	\$6.49	
2. Units per Eligible/year	11.563	16.963	0.819	3.904	1.049	42.784	
Cost per Elig. per Mo.	\$15.48	\$54.11	\$20.13	\$3.80	\$15.50	\$23.14	\$132.16
3. Adjustments							
a. Age/Sex	0.997	1.014	1.039	0.984	1.101	1.020	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.981	0.996	0.997	0.986	0.997	0.781	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$13.85	\$54.65	\$20.85	\$3.69	\$17.01	\$18.43	\$128.48
4. Legislative Adjustments	0.984	0.879	0.969	1.423	1.433	0.963	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.194	1.000	1.000	1.000	
b. Units per Eligible	1.073	1.180	0.929	1.066	0.929	1.148	
Projected Cost per Eligible	\$14.62	\$71.54	\$22.41	\$5.60	\$22.64	\$20.37	\$157.18
6. CHDP							0.00
7. Adjustment to Pool						12.1%	19.02
Capitation Rate							\$176.20

Plan Name: Commercial Plan
 County: Stanislaus
 Aid Code Grouping: Disabled

Plan #: 359 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation

	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$20.15	\$50.42	\$576.67	\$18.26	\$184.85	\$7.07	
2. Units per Eligible/year	13.720	21.892	1.011	6.029	0.452	63.930	
Cost per Elig. per Mo.	\$23.04	\$91.98	\$48.58	\$9.17	\$6.96	\$37.67	\$217.40
3. Adjustments							
a. Age/Sex	1.043	0.921	0.997	1.115	0.914	1.070	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.900	0.875	0.920	0.973	0.995	0.877	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$19.79	\$74.12	\$44.56	\$9.95	\$6.33	\$35.35	\$190.10
4. Legislative Adjustments	1.099	0.888	0.965	1.425	1.442	0.987	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.194	1.000	1.000	1.000	
b. Units per Eligible	1.073	1.180	0.863	0.929	1.000	1.148	
Projected Cost per Eligible	\$23.34	\$98.01	\$44.31	\$13.17	\$9.13	\$40.05	\$228.01
6. CHDP							0.00
7. Adjustment to Pool						12.1%	27.59
Capitation Rate							\$255.60

Plan Name: Commercial Plan
 County: Stanislaus
 Aid Code Grouping: Child

Plan #: 359 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$58.40	\$17.50	\$911.30	\$18.79	\$140.26	\$6.45	
2. Units per Eligible/year	5.196	3.068	0.436	2.787	0.019	10.564	
Cost per Elig. per Mo.	\$25.29	\$4.47	\$33.11	\$4.36	\$0.22	\$5.68	\$73.13
3. Adjustments							
a. Age/Sex	1.134	1.008	1.204	1.121	1.000	1.062	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.974	0.984	0.952	0.973	0.996	0.882	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$25.56	\$4.43	\$37.95	\$4.76	\$0.22	\$5.32	\$78.24
4. Legislative Adjustments	1.116	0.875	1.035	1.427	1.424	1.082	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.040	1.000	1.000	1.000	
b. Units per Eligible	1.000	1.180	1.066	1.000	1.000	1.148	
Projected Cost per Eligible	\$28.52	\$5.77	\$43.55	\$6.79	\$0.31	\$6.61	\$91.55
6. CHDP							4.08
7. Adjustment to Pool						12.1%	11.08
Capitation Rate							\$106.71

Plan Name: Commercial Plan
 County: Stanislaus
 Aid Code Grouping: Adult

Plan #: 359 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation

	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$164.23	\$19.84	\$889.40	\$19.73	\$0.00	\$30.86	
2. Units per Eligible/year	22.157	4.314	4.387	17.657	0.000	8.468	
Cost per Elig. per Mo.	\$303.24	\$7.13	\$325.15	\$29.03	\$0.00	\$21.78	\$686.33
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.999	0.999	0.999	0.989	1.000	0.887	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$277.19	\$7.12	\$324.82	\$28.71	\$0.00	\$19.32	\$657.16
4. Legislative Adjustments	1.060	0.872	1.016	1.432	1.242	1.045	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.040	1.000	1.000	1.000	
b. Units per Eligible	1.000	1.180	1.066	1.000	1.000	1.148	
Projected Cost per Eligible	\$293.82	\$9.25	\$365.87	\$41.11	\$0.00	\$23.18	\$733.23
6. CHDP							0.00
7. Adjustment to Pool						12.1%	88.72
Capitation Rate							\$821.95

Plan Name: Commercial Plan
 County: Stanislaus
 Aid Code Grouping: AIDS

Plan #: 359 Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation

	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$25.87	\$141.75	\$576.67	\$17.75	\$228.06	\$14.00	
2. Units per Eligible/year	29.254	46.897	3.823	28.506	0.450	78.563	
Cost per Elig. per Mo.	\$63.07	\$553.97	\$183.72	\$42.17	\$8.55	\$91.66	\$943.14
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.918	0.663	0.957	0.992	0.998	0.642	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$52.98	\$367.28	\$175.82	\$41.83	\$8.53	\$58.85	\$705.29
4. Legislative Adjustments	1.070	0.826	0.989	1.378	1.529	1.001	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.194	1.000	1.000	1.000	
b. Units per Eligible	1.073	1.180	0.863	0.929	1.000	1.148	
Projected Cost per Eligible	\$60.83	\$451.77	\$179.18	\$53.55	\$13.04	\$67.63	\$826.00
6. CHDP							0.00
7. Adjustment to Pool						12.1%	99.95
Capitation Rate							\$925.95

Plan Name:

Plan # :

Date:

23-Jul-02

County:

Tulare

Plan Type: Commercial Plan

Aid Code Grouping:

Child

The Rate Period is October 1, 2001 to September 30, 2002

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation

	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$58.40	\$17.50	\$841.81	\$18.79	\$140.26	\$6.45	
2. Units per Eligible/year	5.196	3.068	0.436	2.787	0.019	10.564	
Cost per Elig. per Mo.	\$25.29	\$4.47	\$30.59	\$4.36	\$0.22	\$5.68	\$70.61
3. Adjustments							
a. Age/Sex	1.115	1.055	1.137	1.121	1.000	1.017	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.974	0.984	0.952	0.973	0.996	0.882	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$25.13	\$4.64	\$33.11	\$4.76	\$0.22	\$5.09	\$72.95
4. Legislative Adjustments	1.116	0.875	1.035	1.427	1.424	1.082	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.040	1.000	1.000	1.000	
b. Units per Eligible	1.000	1.180	1.066	1.000	1.000	1.148	
Projected Cost per Eligible	\$28.05	\$6.05	\$37.99	\$6.79	\$0.31	\$6.32	\$85.51
6. CHDP							4.08
7. Adjustment to Pool						12.1%	10.35
Capitation Rate							\$99.94

Plan Name:
 County: Tulare
 Aid Code Grouping: AIDS

Plan #: Date: 23-Jul-02
 Plan Type: Commercial Plan

The Rate Period is October 1, 2001 to September 30, 2002 Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	AIDS Waiver	N
GHPP	N	In Home Waiver	N
Hemodialysis	C	Model NF Waiver	N
Major Organ Transplants	N	Adult Day Health Care	N
Out-of-State	C	Newborn Hearing Screens	N
Chiropractor	N	Psychiatric Drugs	N
Local Education Authority	N	AIDS Drugs	N
Psychiatrist	N	Injections	C
Acupuncturist	N	MH - Hospital Inpatient	N
Alphafeto Protein Testing	N	MH - Outpatient Services	N
Heroin Detoxification	N	Long Term Care for month of entry plus one	C
Direct Observed Therapy	N	Long Term Care after month of entry plus one	N
Lenses for eyewear	N	CHDP	C

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$25.87	\$141.75	\$750.98	\$17.75	\$228.06	\$14.00	
2. Units per Eligible/year	29.254	46.897	3.823	28.506	0.450	78.563	
Cost per Elig. per Mo.	\$63.07	\$553.97	\$239.25	\$42.17	\$8.55	\$91.66	\$998.67
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.918	0.663	0.957	0.992	0.998	0.642	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$52.98	\$367.28	\$228.96	\$41.83	\$8.53	\$58.85	\$758.43
4. Legislative Adjustments	1.070	0.826	0.989	1.378	1.529	1.001	
5. Trend Adjustments							
a. Cost per Unit	1.000	1.262	1.194	1.000	1.000	1.000	
b. Units per Eligible	1.073	1.180	0.863	0.929	1.000	1.148	
Projected Cost per Eligible	\$60.83	\$451.77	\$233.33	\$53.55	\$13.04	\$67.63	\$880.15
6. CHDP							0.00
7. Adjustment to Pool						12.1%	106.50
Capitation Rate							\$986.65